

EXHIBIT 165

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: VICTOR M BERRIOS VÀZQUEZ

Participant's Address: CALLE 12 W6 SANTA Mónica BAYAMON PR 00957

Participant's Email Address: josie1550@icloud.com

Name of Counsel: _____

Address of Counsel: _____

Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 55728

Nature of Claim: _____

By: Victor M. Berrios Vázquez

Signature: Victor M. BERRIOS VÀZQUEZ

Print Name: _____

Title (if Participant is not an individual): 8-7-2021

Date: _____

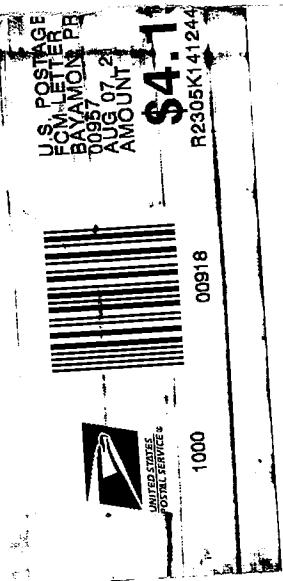
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

CERTIFIED MAIL

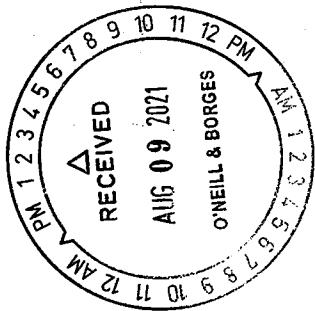
Víctor M. Berrios Vázquez
Santa Mónica Calle 12-IV-6
Bayamón, P.R. 00957-1846



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